

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047337

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED DEC 26 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Independence

Length of stay in 1b
2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ks. b. COUNTY Sedgwick

c. CITY OR TOWN Wichita

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Cable Rest Home

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
910 W. Murdock

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Lloyd

Middle Henry

Last Mosser

4. DATE OF DEATH

Month December 19, 1962

Year

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)
May 29, 1887 75

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired school teacher

10b. KIND OF BUSINESS OR INDUSTRY
Accident, Maryland

11. BIRTHPLACE (City and state or country)
USA

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Albert Mosser

13b. MOTHER'S MAIDEN NAME
Mary Beeghly

14. NAME OF HUSBAND OR WIFE
Emma Mosser

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Dr. Robert S. Mosser, M.D.
43114 Norton, Indep., Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for each cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
10 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 1954 to Dec. 19, 1962 and last saw him alive on Dec. 17, 1962
Death occurred at 12:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

10901 Union Rd. Independence, Mo.

22c. DATE SIGNED
12/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial Removal 12-19-62

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY
Morrell Cem.

23d. LOCATION (City, town, or county)
Morrell, Kansas

24. FUNERAL DIRECTOR

ADDRESS

OTT & MITCHELL, Indep., Mo.

25. DATE RECD. BY LOCAL REG.

12-19-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Henry H. Mitchell

Licensed Embalmer No. 3925

P. O. Address

Indep Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.